PHE 48.2 W628

Form HCD-7

WHOOPING COUGH

Commonwealth of Pennsylvania

Department of Health

WHOOPING COUGH

An Unnecessary And Dangerous Disease

Whooping cough with its complications is frequently a fatal disease. It is highly contagious, especially for babies and young children. It requires longer quarantine than any other common disease; it is more distressing than any other; it frequently leads to permanent damage and causes more deaths than scarlet fever.

About half of the cases of whooping cough occur in children under five years of age and ninety-five per cent. of all the deaths from whooping cough occur among these little children.

The disease should always be suspected if a child develops a cough at a time when whooping cough is prevalent in the neighborhood. Mild cases may give rise to severe ones and vice versa, as with all the communicable diseases.

Symptoms. About two weeks after exposure the child begins to cough. The incubation may be as short as a week or as long as three weeks.

The cough begins as a mild affection, appearing at first as an attempt to clear the throat as the result of a slight tickling. This cough, hardly to be distinguished from that of an ordinary cold, after a week or so develops into the spasmodic cough which comes as a series of continued coughing attacks in

the apparent attempt to raise something which is irritating. The eyes water and become blood-shot. Small capillaries in the conjunctiva may be ruptured by the violence of the coughing. Frequently, but not always, vomiting follows the spasmodic cough. The characteristic vomiting attack frequently develops after eating when the process of mastication or swallowing brings on an attack of coughing which terminates in vomiting.

The whoop is the characteristic symptom of whooping cough. It is present in most cases but not invariably. It is a single high note produced upon inspiration and follows a series of coughs. The progressive development of symptoms usually suffices to make a diagnosis.

Pneumonia, middle ear inflammations and occasionally heart disease are the recognized complications or consequences of whooping cough. It also has an apparently direct bearing on the development of tuberculosis, many instances of the latter infection being traceable to delayed and imperfect recoveries from whooping cough.

Care of The Patient. The person with whooping cough must be kept at home and, if it can be managed, away from other children of the family unless it is known that they have had the disease. Second attacks of the disease are known to occur but are not common.

The services of a regular physician should be sought. The patient should not be housed up but should be out-doors—always on his own premises, however—in the fresh air and sunshine as much as his condition and the weather will permit. He should be so clothed as to protect him from catching cold.

Controlling the spread of whooping cough is one of the most difficult of the health officer's duties. The disease is infectious from the beginning, when it may be difficult to distinguish between it and bronchitis, and under the best of conditions other children may become infected before it is possible to establish a quarantine. Exposure of others to this extent may be unavoidable but continued exposures, owing to the disregard of quarantine or failure to call a physician or to report cases in order to avoid quarantine, are conditions which even the most diligent health officer cannot in every instance overcome. Honest co-operation by parents with school and health authorities is so important that without it many children must continue to contract the infection unnecessarily.

The quarantine applies only to the patient and the children who have not had the disease. Can freedom from any quarantine be thought cheaply purchased at the cost of the suffering or death of a neighbor's child?